

Case Number:	CM14-0000063		
Date Assigned:	01/10/2014	Date of Injury:	10/29/2007
Decision Date:	06/05/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/31/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 65 year old female who reported an injury on 10/29/2007. The mechanism of injury was reported as repetitive motion secondary to a motor vehicle accident while in a company vehicle. Per the clinical note dated 12/30/2013 the injured worker reported increased pain to hand and shoulder. Per the clinical note dated 12/18/2013 the injured worker reported pain to her neck with a pain rating of 2/10 after medications and ice. The neurologic motor examination was normal, strength was normal; however, range of motion was reported only as decreased. Per the clinical note dated 09/13/2013 the injured worker underwent fusion of C4-C7 in August 2011 and a right cubital tunnel release in June 2012. A CT scan was done on 09/15/2011 which showed post-surgical changes consistent with anterior cervical discectomy and fusion at C4-C5 through C6-C7 with right sided facet arthropathy at C4-C5 and left sided neural foraminal stenosis. The request for authorization for medical treatment was not provided in the clinical documentation.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

CT SCAN OF CERVICAL SPINE TO INCLUDE T1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

Decision rationale: ACOEM states that CT Scans are recommended when red flags for fracture, or neurologic deficit associated with acute trauma, tumor, or infection are present, or to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. The Official Disability Guidelines further state that a CT scan is recommended for indications below: Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging. Patients who do not fall into this category should have a three-view cervical radiographic series followed by computed tomography (CT). MRI is the test of choice for patients who have had prior back surgery. For the evaluation of the patient with chronic neck pain, plain radiographs (3-view: anteroposterior, lateral, open mouth) should be the initial study performed. Patients with normal radiographs and neurologic signs or symptoms should undergo magnetic resonance imaging. If there is a contraindication to the magnetic resonance examination such as a cardiac pacemaker or severe claustrophobia, computed tomography myelography, preferably using spiral technology and multiplanar reconstruction is recommended. CT scan has better validity and utility in cervical trauma for high-risk or multi-injured patients. Repeat CT is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. There is a lack of documentation regarding spondylolisthesis on a prior CT scan. A CT scan prior to radiologist report of plain films is not recommended per the guidelines. A CT scan was done on 09/15/2011 which showed post-surgical changes consistent with anterior cervical discectomy and fusion at C4-C5 through C6-C7 with right sided facet arthropathy at C4-C5 and left sided neural foraminal stenosis. Per the physician's note the pain to the c-spine was axial to the trapezius muscles. There was a lack of documentation indicating neurological compromise upon physical examination. Therefore the request for a CT scan of the cervical spine to include T1 is not medically necessary and appropriate.